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ABSTRACT

One hundred thirty participants at 27 Educational Planning Committee (EPC) meetings were surveyed to determine which professional roles were viewed as most important to the educational planning and placement process for individual handicapped students. EPC participants rank ordered the 15 roles most often represented in the meetings according to their importance to the EPC process. Then EPC members evaluated themselves and other participants on influence and contributions to five EPC functions: diagnosis, planning, placement, implementation, and due process. Results indicated that while participants expected certain roles to be important in the EPC process, these expectations were only marginally fulfilled by the persons in those roles. Three suggestions are made for improving the EPC process, including distributing a referral form with information about the student's problem or progress in the current placement and appointing a case manager for each EPC meeting. (CL)

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WHO INFLUENCES IEP COMMITTEE DECISIONS?

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Who Influences Educational Planning Committee Decisions?

Prior to the passage of P.L. 94-142, multidisciplinary committees for determining eligibility for special education were highly recommended in theory but rarely encountered in practice. Legislation designed to promote accountability and to protect the rights of students and parents have made such committees a practical reality. These educational planning committees (EPC's) are known by various names in different states but they share common functions: determining and reviewing eligibility for special education placement, recommending special services or programs, establishing instructional goals, and identifying anticipated outcomes of the special education services.

Personnel at EPC meetings generally represent four types of roles: parental, administrative, instructional, and diagnostic. Due to the multidisciplinary composition, it would be expected that certain roles would exert differential influence on overall decisions reached at the EPC meetings. In addition, one might suspect that personnel from various roles would contribute differentially to the specific committee decisions reached. For example, the psychologist might contribute more to diagnostic decisions while the special education teacher might contribute more to educational planning decisions.

An examination of the special education literature reveals little research which specifically addresses the question of role influence in EPC meetings. In a related study, Yoshida et al. (1976) assessed the relationship among professional role, participation and satisfaction during EPC meetings. Results based on self-ratings indicated that EPC members had different perceptions of their participations and that appraisal personnel (school psychologists, school

workers, and school counselors) and administrators generally had higher participation scores than medical personnel or special and regular education teachers. These results substantiate what educational personnel have often voiced: that assessment personnel and administrators have more influence in EPC meetings than others in attendance.

Although many social scientists have derived hypotheses about social or intragroup influence which seem relevant to the EPC process (Hollander, 1964; Hopkins, 1964; Walster & Abrams, 1972), French and Raven's theory of "expert power" seems most applicable to the current study. French and Raven (1959) propose that persons are influenced by others whom they perceive to have greater knowledge, information, or other expert resources within a given area. The current study addresses this hypothesis by seeking to determine which EPC roles were perceived as: (1) most important to the EPC process by status ranking; (2) most influential in decision-making; (3) contributing the most to decisions reached.

PROCEDURE

One hundred-thirty participants at twenty-seven EPC meetings (average attendance = 5) were surveyed to determine the status ranking of the EPC roles and the influence and contributions of each role. The study was conducted in three school districts in southeastern Michigan with an average daily attendance between 14,000-20,000 students. These districts were chosen because of their size and their comprehensive programs and services for handicapped children.

Data was obtained on a questionnaire completed in two phases. Phase one, which was completed just prior to the meeting, required the EPC participants to rank order the fifteen roles most often represented in the meetings according to their importance (status) to the EPC process. Phase two was completed after the meeting and required the EPC members to evaluate themselves and other participants on influence and contributions to five EPC functions. These functions

were defined as:

1. Diagnosis - determining eligibility for a pupil to receive special educational programs and/or services;
2. Planning - establishing instructional goals and identifying outcomes expected as a result of the special educational placement;
3. Placement - recommending programs and/or services;
4. Implementation - putting the plans into action, recording the findings;
5. Due process - informing and safeguarding the parents' rights.

The variables of influence and contributions were rated separately by participants on each of the five functions on Likert-type scales. Rankings for each role on contributions and influence were then determined from mean ratings across all three districts.

RESULTS

Table 1 shows the comparision between status ranking of roles before the meetings and actual contributions and influence rankings after the meetings.

INSERT TABLE 1 ABOUT HERE

Only the ten highest ranked roles are presented. High status roles include special education teachers, psychologists, parents and regular education teachers. However, with the exception of the roles of special education teachers and psychologists, the pre- and post- meeting rankings were quite dissimilar. The correlation between preconceived notions of importance and actual contributions were not significant (Spearman rho = .21). These results indicate that while participants expected certain roles to be important in the EPC process, these expectations were only marginally fulfilled by the persons in these roles. However, the rankings for contributions and influence were remarkably similar (Spearman rho $>$ .99). These findings suggest that participants did not

differentiate between contributions and influence variables. It is possible that the factors which were viewed as contributions were also perceived to be influential in the decision-making process.

Table 2 shows ranking by role for each of the five EPC functions and

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INSERT TABLE 2 ABOUT HERE

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overall ranking of influence. The mean rating for each role was determined for the five EPC functions across all 27 EPC meetings. The means were then converted to ordinal ranks and composite rank was determined for each role across all five EPC functions. When the various roles are evaluated according to the five specific functions of the EPC, several roles are indeed ranked as most influential in their supposed areas of expertise. Data indicates that for the four overall most highly ranked positions, the roles and expected functions were closely matched: the psychologist was perceived to have the most influence in diagnosis; the special education teacher, in planning and implementation; the director, in placement; and the supervisor, in due process decisions. Beyond these four roles, however, the rankings tend to become quite undifferentiated. For example, the special education consultant ranks fifth in overall influence but does not appear to have notable influence on any one function.

DISCUSSION

By design, the educational planning committee is a multidisciplinary forum in which various professionals offer information from their specific areas of expertise about the referred child. According to the tenets of group dynamics, a status hierarchy among group members will evolve, and some members will be considered more influential than others. The current study indicates that not only does a hierarchy of influence among EPC members emerge, but also that

those roles attributed high status before the meetings were not necessarily those considered influential after the meetings.

As role stereotype cannot account for the influence hierarchy in EPC meetings, alternative explanations must be sought. One possible explanation for the hierarchy is that the most influential roles have areas of expertise which match one or more of the five delineated functions of the EPC. This explanation is consistent with French and Raven's "expert power" theory. For example, although parents and principals are by virtue of their status expected to be influential, they have less actual influence in the specific functions of the EPC than other participants. The assumption might be made that they either do not have expertise or are not perceived as having expertise required by other EPC members regarding the planning/placement process.

A second possible explanation is that the most influential roles (special education teacher, psychologist, director) are those members who have more "hard data" in terms of test scores, diagnostic reports, and cumulative records and are therefore able to contribute information based upon these data.

Perhaps the most persistent correlate of influence or leadership is communication ability; those who are viewed as influential tend to talk more than non-influential group members (Bales, 1950; Hurwitz, Zander, & Hymovitch, 1968). Although the number of verbalizations of each participant was not recorded, this dynamic is suggested by the unusually high correlation between the rated contributions and influence of participants and presents an area for further investigation.

CONCLUSION

The EPC is such an integral part of special education programming that an exceptional child's educational future is to a great extent dependent upon the quality of decisions reached at the EPC meeting. It is imperative that all

members of these committees actively contribute their knowledge and expertise to the decision-making process. When it is determined that individuals in certain roles are perceived to be ineffective contributors, changes must be made in the EPC process to insure more equal and active participation.

To increase EPC member's knowledge of the child and the referral problem, an easily instituted changed would be a concise but explicit referral form with multiple copies which provides detailed information about the student's problem or progress in his current placement. The distribution of this referral form to all EPC participants prior to the meeting would insure that assessment results were accumulated, the reasons for referral to the EPC were known, the suspected handicapping condition identified, and would provide a form to structure the process of the meeting.

A second change would be the appointment of a case manager for each given EPC meeting. The person assuming this role would be anyone who would routinely appear at the meeting and would be responsible for arranging the meeting time and place, monitoring the collection of appropriate clinical data, contacting the appropriate persons, and distributing copies of the referral form prior to the meeting. Following the meeting, this person would be responsible for following up the decisions reached in terms of implementation. The case manager could also be responsible for structuring the meeting in a manner that would elicit a contribution from each role for each function of the EPC. An additional method for improving participation would be the institution of feedback, which would require the case manager to state his expectations for the participants prior to the meeting and then to evaluate the participants' contributions according to those expectations after the meeting.

A final suggestion for improving the EPC process is to actively involve the parents during assessment and data gathering. If parents were contacted

and provided copies of the referral form prior to the meetings, they would be better prepared to contribute during the EPC meeting. Implementation of these suggestions should foster more participation from all members of the EPC's and perhaps aid its evolution as a true multidisciplinary forum.

Perceived Importance of EPC Members Versus
Actual Influence and Contributions

Table 1

	Rank Order		
	Pre Meeting Importance	Post Meeting Contributions	Influence
Special Education Teachers	1	1	1
Psychologists	2	3	2
Directors	11	5	3
Supervisors	12	4	4
Special Education Consultants	5	2	5
Regular Education Teachers	4	7	6
Guidance Counselors	8	6	7
Social Workers	6	10	8
Parents	3	9	9
Principals	7	12	10

Ranking of Influence at EPC Meetings

Table 2

Roles Represented at Meeting	Composite Rank	EPC Functions				
		Diagnosis	Planning	Placement	Implementation	Due Process
Special Education Teachers	1	3	1	2	1	6
Psychologists	2	1	2	3	5	2
Special Education Directors	3	2	3	1	2	3
Supervisors	4	6	6	5	3	1
Special Education Consultants	5	4	4	4	4	4
Regular Education Teachers	6	5	5	7	8	-
Guidance Counselors	7	7	7	6	7	5
Social Workers	8	8	9	8	9	8
Parents	9	9	8	10	10	11
Principals	10	10	10	9	11	10

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